| •  |  |                               |            |                              |                 |                                 |                  |   |   |             |                        | <i></i> _                     | 7760       |                        |  |
|--|--|-------------------------------|------------|------------------------------|-----------------|---------------------------------|------------------|---|---|-------------|------------------------|-------------------------------|------------|------------------------|--|
|  |  | -                             |            | Application or Docket Number |                 |                                 |                  |   |   |             |                        |                               |            |                        |  |
|  | PATENT A                                       | N FEE DE                      | RD         |                              | 0 4 1 2 2 2 2 1 |                                 |                  |   |   |             |                        |                               |            |                        |  |
| Effective October 1, 2003  |  |                               |            |                              |                 |                                 |                  |   |   | PKM 0352M   |                        |                               |            |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                               |            |                              |                 |                                 |                  |   |   | LEN         | πιτγ<br>⊐              | OTHER THAN<br>OR SMALL ENTITY |            |                        |  |
| TOTAL CLAIMS   |  |                               |            | 20                           |                 |                                 |                  |   | RA                                      | ΓE          | FEE                    |                               | RATE       | FEE                    |  |
| FOR  |  |                               |            | NUMBER F                     | ILED            | NUMBER EXTRA                    |                  |   | BASIC FEE 385.0                         |             | 385.00                 | OR                            | BASIC FEE  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |                               |            | 20 min                       | us 20=          | -                               |                  |   | XS 9=                                   |             |                        | OR                            | XS18=      |                        |  |
| INDEPENDENT CLAIMS   |  |                               |            | ∫ mir                        | nus 3 = <       |                                 |                  |   | X43=                                    |             |                        | OR                            | X86=       |                        |  |
| MU   | LTIPLE DEPEN                                   | DENT CL                       | AIM PF     | ESENT                        | SENT            |                                 |                  |   | +145=                                   |             | OR                     | +290=                         |            |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                               |            |                              |                 |                                 |                  |   | TOTAL 35                                |             |                        | OR                            | TOTAL      |                        |  |
| CLAIMS AS AMENDED - PART II  |  |                               |            |                              |                 |                                 |                  |   | OTHER THAN SMALL ENTITY OR SMALL ENTITY |             |                        |                               |            |                        |  |
|  |  | (Colum                        |            |                              |                 | mn 2)<br>ÆST                    | (Column 3)       | ) |   |             | ADDI-                  | 1                             |            | ADDI-                  |  |
| A T  |  | REMAINING<br>AFTER            |            |                              | PREVI           | IBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA |   | RAT                                     |             | TIONAL<br>FEE          |                               | RATE       | TIONAL<br>FEE          |  |
| AMENDMENT A  | Total  | * 18                          |            | Minus                        |                 | 20                              | = /              |   | XS                                      | 9=          |                        | OR                            | X\$18=     |                        |  |
| MEN  | Independent                                    | • 1                           |            | Minus                        | ***             | 3                               | = /              |   | X4                                      | 3=          |                        | OR                            | X86= /     |                        |  |
| ٨  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                               |            |                              |                 |                                 |                  |   | +145= /                                 |             | OR                     | +290=                         |            |                        |  |
|  |  |                               |            |                              |                 |                                 |                  |   | TOTAL / OR ADDIT. FEE                   |             |                        |                               |            |                        |  |
|  |  | (Calore                       | nn 41      |                              | (Colu           | ımn 2)                          | (Column 3)       |   | ADDIT. FEE                              |             |                        |                               |            |                        |  |
| (Column 1) CLAIMS  |  |                               |            |                              |                 | HEST                            | T                | 1 | _                                       |             | ADDI-                  | 1                             |            | ADDI-                  |  |
| N<br>H<br>B  |  | REMAII<br>AFTI<br>AMEND       | ER         |                              | PREV            | MBER<br>IOUSLY<br>DFOR          | PRESENT          |   | RA                                      | TE          | TIONAL<br>FEE          |                               | RATE       | TIONAL<br>FEE          |  |
| AMENDMENT  | Total  | *                             | ·********  | Minus                        | **              |                                 | =                | 1 | XS                                      | 9=          |                        | ОЯ                            | X\$18=     |                        |  |
| MEA  | Independent                                    | •                             |            | Minus                        | ***             |                                 | =                | 1 | X4                                      | 3=          |                        | OF                            | X86=       |                        |  |
| lacksquare   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                               |            |                              |                 |                                 |                  |   |   | <br>15=     |                        | ОЯ                            |            |                        |  |
| •  |  |                               |            |                              |                 |                                 |                  |   |   |             | <del> </del>           | ┫                             | TOTAL      |                        |  |
|  |  |                               |            |                              |                 |                                 |                  |   | ADDI <sup>*</sup>                       | OTAL<br>FEE |                        | JOR                           | ADDIT. FEE | <u> </u>               |  |
|  |  | (Colur                        |            |                              |                 | umn 2)                          | (Column 3)       | 4 |   |             |                        |                               |            |                        |  |
| MENDMENT C   |  | CLAI<br>REMAI<br>AFT<br>AMEND | NING<br>ER |                              | NUI<br>PREV     | MEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |   | R/                                      | TE          | ADDI-<br>TIONAL<br>FEE |                               | RATE       | ADDI-<br>TIONAL<br>FEE |  |
| OME  | Total  | *                             |            | Minus                        |                 |                                 | =                |   | XS                                      | 9=          |                        | OF                            | X\$18=     |                        |  |
| É  | Independent                                    | •                             |            | Minus                        | ***             |                                 | = .              |   | T <sub>v</sub>                          | 3-          |                        | 1                             | X86=       |                        |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

X43=

+145=

X86=

+290=

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADDIT FEE